

244135

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2013 - 187 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Harvie Williams

Telephone: 843-709-4276

Address: PO Box 70

Fax: 843-825-6327

St. Stephen SC

Other:

29479

Email: Shelia.Williams@tds.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input checked="" type="checkbox"/> Application - Class C Taxi  | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

*Handwritten signature*

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

Date: May 15, 2013

CLASS C - TAXI

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

La Chariot Express LLC

233 Grass Rd St. Stephen SC 29479  
Street Address of Applicant

P O Box 221 Bonneau SC 29431  
Mailing Address of Applicant (if different from street address)

843-709-4276 843-825-6327  
Phone Fax

Shelia Williams @ tds.net  
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month May Year 2013

**Assets:**

Cash	
Receivables	
Real Estate	\$175,000.-
Buildings and Equipment (Net)	
Motor Vehicles (Net)	\$16,000.-
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	
<b>Total Assets*</b>	<b>\$191,000.-</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
<b>Total Liabilities</b>	
Capital Stock	
Retained Earnings	
<b>Total Equity</b>	
<b>Total Liabilities and Equity*</b>	

\* Total Assets = Total Liabilities and Equity

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

\$300.00

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |





**Exhibit Fit, Willing, and Able (FWA)**

Harvie Williams

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Thomas Williams  
Applicant's Signature

Owner  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF

Berkley

SWORN TO BEFORE ME

This 16<sup>th</sup> day of May, 2013

Quinn R. M. Ranenell  
Notary Public

Commission Expires August 28, 2019

# *The State of South Carolina*



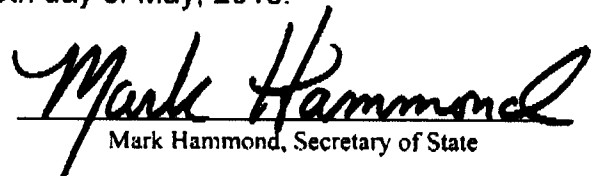
*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

LA CHARIOT EXPRESS LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on May 13th, 2013, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
13th day of May, 2013.

  
Mark Hammond, Secretary of State

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

MAY 13 2013

ARTICLES OF DISSOLUTION

TYPE OR PRINT CLEARLY IN BLACK INK

Mark Hammond  
SECRETARY OF STATE OF SOUTH CAROLINA

Pursuant to Section 33-14-103 of the 1976 South Carolina Code of Laws, as amended, the undersigned corporation adopts the following Articles of Dissolution for the purpose of dissolving the corporation.

If submitting this document by mail, be sure to send an additional copy of the completed form and a self addressed, stamped envelope so that we may return a copy for your records.

NOTE: If your entity is under "Forfeiture" (Administrative Dissolution) with our office, this document must be accompanied by a "Tax Compliance" certificate issued by the SC Department of Revenue.

1. The name of the corporation is: Chariot Express Inc.  
(Must match name on record with Secretary of State's Office)
2. Date of Incorporation: 10-21-99  
(Must match date on record with Secretary of State's Office)
3. Agent's Name and Address: Harvie Williams  
PO Bonneau SC 29431
4. The names and addresses of the corporation's directors:

(Note: Or, if the corporation has no directors, enter the names and addresses of those persons who are exercising the statutory authority of directors on behalf of the corporation):

Name	Address
<u>Harvie Williams</u>	<u>PO Box 221 Bonneau SC 29431</u>
_____	_____
_____	_____
_____	_____
_____	_____

5. The names and addresses of the officers of the corporation:

Name	Position or Office Held in Company	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

130613-0137 FILED: 06/13/2013  
CHARIOT EXPRESS INC.

Filing Fee: \$10.00 ORIG



Mark Hammond

South Carolina Secretary of State

Charist Express Inc.  
Name of Corporation

\*6. The date dissolution of the corporation was authorized: May 13, 2013

\*7. If a delayed effective date of dissolution is needed to be put on record in our office, it should be entered here: \_\_\_\_\_. (NOTE: By leaving this blank, the dissolution date shall be effective upon acceptance of this document for filing by the Secretary of State.)

8. Selection of 8a OR 8b should be made here, NOT BOTH:

☒

\*8(a) The dissolution was approved by the incorporators or initial directors:

1. The date of incorporation: 10-21-99  
(Must match date on record with Secretary of State's Office)
2. Check (a) OR (b), whichever is applicable:
  - (a) ☐ No shares have been issued by the corporation;
  - (b) ☒ The corporation has not commenced business.
3. The corporation has no outstanding debts. (By signing this document, you are confirming this statement is true).
4. After winding up, the net assets of the corporation have been distributed to the shareholders, only if shares were issued. (By signing this document, you are confirming this statement is true).
5. A majority of the incorporators or initial directors authorized the dissolution. (By signing this document, you are hereby confirming this statement is true).

☐

\*8(b) The dissolution was approved by the corporation's shareholders as follows:

Voting Group: \_\_\_\_\_

Number of Outstanding Shares: \_\_\_\_\_

Number of Votes Entitled to be cast: \_\_\_\_\_

Number of Votes Represented at meeting: \_\_\_\_\_

Number of undisputed shares For: \_\_\_\_\_ Against: \_\_\_\_\_

(Note: The following information applies to sections of this document):

- \*6. (See Sections 33-14-101 and 102 of the 1976 South Carolina Code of Laws, as amended)
- \*7. (See Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended)
- \*8a. (Pursuant to Section 33-14-101 of the 1976 South Carolina Code of Laws, as amended)
- \*8b. (See Section 33-14-102 of the 1976 South Carolina Code of Laws, as amended). Pursuant to Section 33-14-103(a) (5) and (6) of the 1976 South Carolina Code of Laws, as amended, the corporation can state the total number of undisputed shares cast for dissolution by each voting group together with a statement that the number of votes cast for dissolution was sufficient for approval for the dissolution.

This form must be executed by an officer or director of the corporation.

May 13, 2013  
Date

Chariot Express Inc  
Name of Corporation  
Harvie Williams  
Signature  
Harvie Williams  
Type or Print Name  
President  
Position of Officer

#### **FILING INSTRUCTIONS**

1. Two copies of this form and a self addressed stamped envelope should be delivered to the Secretary of State's Office for filing in order to receive a certified copy for your records.
2. If the space in this form is insufficient, please attach additional sheets containing a reference to the appropriate section in this form.
3. Filing fees (payable to the Secretary of State at the time of filing this document) - \$10.00

Mail to: SC Secretary of State  
1205 Pendleton Street, Suite 525  
Columbia, SC 29201

Form Revised by South Carolina Secretary of State, September 2010

# Fax

Public Service Commission  
To: Clerk's Office From: Harvie Williams  
Fax: 1-803-896-5199 Pages: 14  
Phone: Date: 5-16-13  
Fax: CC:  
☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle  
• Comments